

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to <sup>cc</sup> Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 931

Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 4/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmas Barnett

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Male

Age, — Years, 3 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, S. B.

Place of Death, { Give Street and Number. } 1125 Wash Ave

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 2 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Ches Sholom

Date of Burial, July 6<sup>th</sup>

Undertaker, Evans & Spence

Place of Business, 1000 E. Baltimore Address, 602 S. Prichard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 932**

Office of Registrar of Vital Statistics.

Ward

**12<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, **July 4<sup>th</sup> 1887**

Full Name of Deceased, **Frances Keaton**

Sex, **Female**

Age, **35** Years, **0** Months, **0** Days.

Color, **White**

Married, **Single**, ~~Widow or Widower~~

Occupation, **Virginia**

Birth Place, **Virginia**

Duration of Residence in the City of Baltimore, **35 years**

Place of Death, **1502 Division St**

Cause of Death, **Apoplexy**

Duration of Last Sickness, **Understood she had been sick since Feb**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **July 6<sup>th</sup> 1887**

Undertaker, **Thos M. Shearer M. D.**

Place of Business, **606 N. Broadway** Address, **315 N. Charles St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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# Health Department, City of Baltimore.

Permit No. A-933 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 5, 1887

Full Name of Deceased, Thomas O. Loudevlager

Sex, Male ~~Female~~, {Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. } Single

Occupation, Bally-Mid

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Lifetown

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number. } 220 S. E. Avenue

Cause of Death, {First (Primary), Inflammation of Stomach  
Second (Immediate), & Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louder Park Cemetery

Date of Burial, July 6, 1887

{ Undertaker, Geo. B. Cook } James Barclay M. D.  
Medical Attendant.

{ Place of Business, 1003 N. Baltimore } Address, 1701 N. Hollin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 934

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

July 3/87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Jno O Schrimm

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

10

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

655 Myrtle St

Cause of Death,

First (Primary),  
Second (Immediate),

Cerebro Spinal Meningitis

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 5th

Undertaker,

Wm J Dickman & Sons

Place of Business,

221 S. Eutaw St

Address,

602 S. Paca St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 935 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene S. Shiloh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 Years, 9 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, 18 Yr.

Place of Death, { Give Street and Number. } 1105 Ridgely St.

Cause of Death, { First (Primary), }

{ Second (Immediate), }

Consumption  
some time

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Ludon Park Cem

Date of Burial, July 6<sup>th</sup> 1887

Undertaker, Wm. Dickner

Place of Business, 221 S. Eutaw St. Address, Harmon St.

R. C. Lee M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

# Health Department, City of Baltimore.

Permit No.

A 936

Office of Registrar of Vital Statistics.

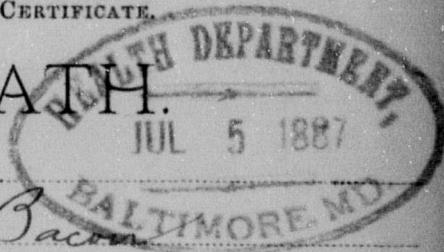
Ward

19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

July 4<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Bacon

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Three Months,

Twenty

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore Ind

Duration of Residence in the City of Baltimore,

3 mos. 20 days

Place of Death,

{ Give Street and Number. }

No 14 Vincent alley

Cause of Death,

{ First (Primary),

Influenza

{ Second (Immediate),

Duration of Last Sickness,

two months +

All the above information should be furnished by the Physician.

Place of Burial,

Shore St Cemetery

Date of Burial,

July 5 1887

Undertaker,

William N. Dunge

Place of Business,

150 East St

C. Hampson Jones M. D.  
Medical Attendant.

Address, 1602 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 937 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Sarah Ellen Burch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } St Marys Co. Md.

Duration of Residence in the City of Baltimore, About 14 Years.

Place of Death, { Give Street and Number. } 1049 W. Fayette St. Balto.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
asthenia

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 6<sup>th</sup>

Undertaker, J. J. Cowan

St. Leonard M. D.

Medical Attendant.

Place of Business, 701 Hollins St Address, 313 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



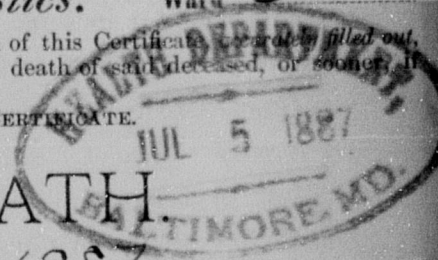
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 938 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate <sup>carefully filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 4<sup>th</sup> 1887

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> John Rickert Todd,

Sex, Male or Female, <sup>{ Cross out the word not required in this line. }</sup> Male

Age, 2 Years, Months, Days.

Color, White,

Married, Single, Widow or Widower, <sup>{ Cross out the words not required in this line. }</sup> Single

Occupation, City

Birth Place, <sup>{ State or country, and how long in the United States, if of foreign birth. }</sup> City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, <sup>{ Give Street and Number. }</sup> 738. old. no. Penna Ave -

Cause of Death, <sup>{ First (Primary), Second (Immediate), }</sup> Cholera Infantum,  
Exhaustion

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Truaders Hall

Date of Burial, July 5

{ Undertaker, Robert H. Hazzard } William Rickert M. D. Medical Attendant.

{ Place of Business, 1139 } Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 939 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 2<sup>nd</sup> 1887

Full Name of Deceased, Grace Hillgren  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 3 1/2 Years, 3 1/2 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore City,  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, Surgey Child's Hospital  
{ Give Street and Number. }

Cause of Death, Acute Organic Dis. of Heart.  
{ First (Primary), Second (Immediate), } Acute exhaustion.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 5

Undertaker, C. W. Fitzgerald

Place of Business, 1139 Pen Ave Address,

C. A. Brown

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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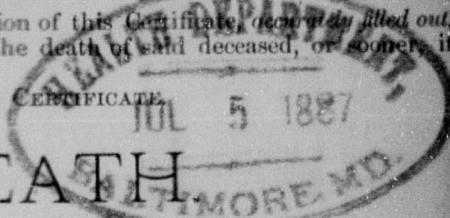
# Health Department, City of Baltimore.

Permit No. **A. 940** Office of Registrar of Vital Statistics.

Ward **20**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH

Date of Death, **July 5th, 1887**

Full Name of Deceased, *Write legibly and spell correctly. If an Infant not named, give names of parents.* **Hozekiah Mitchell**

Sex, Male or ~~Female~~, *{ Cross out the word not required in this line. }*

Age, **1** Years, **1** Months, **8** Days.

Color, **Colored**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, *{ Cross out the words not required in this line. }*

Occupation, \_\_\_\_\_

Birth Place, *{ State or country, and how long in the United States, if of foreign birth. }* **Baltimore**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, *{ Give Street and Number. }* **931 Green Willow Court.**

Cause of Death, *{ First (Primary), Second (Immediate), }* **Cholera Infantum**

Duration of Last Sickness, **About 4 days.**

All the above information should be furnished by the Physician.

Place of Burial, **Sandy Springs, Md**

Date of Burial, **July 6th 1887**

Undertaker, **A. Hemsey** Eldridge C. Price, M. D. *Medical Attendant.*

Place of Business, **Orchard St. Office 953 Madison Ave.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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